Women and Ischemia Syndrome Evaluation (WISE)
Diagnosis and Pathophysiology of Ischemic Heart Disease
Workshop

October 2-4, 2002

Session 6

1. Topic and Author

What do Healthcare Providers Need to Know about Presentation of Acute Cardiac Ischemia in Women
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2. Where we stand in 2002. Overview/rationale for inclusion of topic.

There is a substantial scientific literature about the presentation of acute cardiac ischemia (ACI: including acute myocardial infarction [AMI] and unstable angina pectoris) in women, and yet the diagnosis and treatment of ACI in women in the emergency department (ED) have areas that lag behind that of men. Despite a substantial scientific literature, multiple evidence-based reviews, and efforts by the NIH NHAAP, about the proper use of diagnostic technologies for ACI, their proper use is not uniform. There are diagnostic aids for ACI, including one (the Thrombolytic Predictive Instrument) that has been shown to improve reperfusion treatment of women with AMI, but these are not yet uniformly available or used.

3. Current challenges and the most important issues for future research

Besides the continuing need to better understand the presentation of ACI in women (see Session 3), there remains a challenge to understand how to better communicate the key messages about these presentations, about the proper use of diagnostic technologies, and in particular, about those technologies that have been shown to improve diagnosis and treatment in women. A major challenge is to develop and test ways of improving clinicians' diagnosis and treatment of women with ACI/AMI. This should include not only ED physicians, the most common target of such interventions, but also prehospital, non-hospital, and non-physician clinicians, all of whom are part of the recognition and treatment of ACI/AMI.

4. Current challenges in the areas of communicating messages to health care community, patients and the public

Healthcare providers have to better understand the presentation of ACI, the optimal use of diagnostic technologies for ACI, and the use of decision aids for diagnosis and treatment of women with ACI.

5. Translating new findings to improved diagnosis and treatment/saving lives.

Merely continuing to present data addressing the presentation of ACI in women will not be sufficient to have impact and save lives. There has to be specific demonstration of successful improvement of healthcare providers' diagnosis and treatment of women (and men) with ACI/AMI.

6. References.

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